

902

8-3340 (Instructions on certain points may be printed on the back. Size of certificate, 8 1/2 x 7 1/2 in.)
V. S. No. 111
MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS State File No. 1200
STANDARD CERTIFICATE OF BIRTH Registered No. _____

1. PLACE OF BIRTH— County <u>Pima</u> State <u>Arizona</u> Township _____ or Village <u>Peridot</u> City _____ No. _____ St. _____ Ward _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Carol Gladys</u> (If child is not yet named, make supplemental report, as directed)			
3. Sex of child <u>Male</u> <small>To be answered ONLY in event of plural births.</small>	4. Twin, triplet or other _____ 5. Number, in order of birth _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Aug. 2-1922</u> (Month, day, year)
8. FATHER Full name <u>Gladley Gladys</u>		14. MOTHER Full maiden name <u>Kate Salum</u>	
9. Residence (Usual place of abode) <u>Peridot, Arizona</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Peridot, Arizona</u> If nonresident, give place and State	
10. Color or race <u>Indian</u>	11. Age at last birthday <u>23</u> (Years)	16. Color or race <u>Indian</u>	17. Age at last birthday <u>33</u> (Years)
12. Birthplace (city or place) <u>Peridot, Arizona</u> (State or country)		18. Birthplace (city or place) <u>Peridot, Arizona</u> (State or country)	
13. Occupation <u>Farmer</u> Nature of industry		19. Occupation _____ Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>Yes</u> (b) Born alive but now dead _____ (c) Stillborn _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Mary A. Seward
F. E. Matron
(Physician or Midwife)

Given name added from a supplemental report 186-802-274
(Month, day, year)
Address Pice, Arizona
Filed _____, 19____
Registrar _____